

Sotyktu™ (deucravacitinib) – New drug approval

- On September 9, 2022, [Bristol Myers Squibb announced](#) the FDA approval of [Sotyktu \(deucravacitinib\)](#), for the treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy.
 - Sotyktu is not recommended for use in combination with other potent immunosuppressants.
- Psoriasis affects approximately 7.5 million people in the U.S. Nearly one-quarter of people with psoriasis have cases that are considered moderate-to-severe and up to 90% of patients with psoriasis have psoriasis vulgaris, or plaque psoriasis, which is characterized by distinct round or oval plaques typically covered by silvery-white scales.
- Sotyktu is a first-in-class selective, allosteric inhibitor of tyrosine kinase 2 (TYK2). TYK2 is a member of the Janus kinase (JAK) family.
- The efficacy of Sotyktu was established in two randomized, double-blind, placebo- and active-controlled clinical studies (PSO-1 and PSO-2) in 1,684 patients 18 years of age and older with moderate-to-severe plaque psoriasis. Patients were randomized to either Sotyktu, placebo, or [Otezla® \(apremilast\)](#). Both studies assessed the responses at week 16 compared to placebo for the two co-primary endpoints: proportion of patients who achieved a static Physician’s Global Assessment (sPGA) score of 0 (clear) or 1 (almost clear) with at least a 2-grade improvement from baseline; and the proportion of patients who achieved at least a 75% improvement in Psoriasis Area and Severity Index (PASI) scores from baseline (PASI 75). Secondary endpoints included comparisons between Sotyktu and Otezla.
 - The tables below present the efficacy results of PSO-1 and PSO-2.

PSO-1: Efficacy results

| Endpoint | Sotyktu | Placebo | Otezla | Difference, % (95% CI) | |
|---|---------|---------|--------|-------------------------|------------------------|
| | | | | Difference from placebo | Difference from Otezla |
| sPGA response of 0/1 (clear or almost clear) | | | | | |
| Week 16 | 54% | 7% | 32% | 47 (40, 53) | 22 (13, 30) |
| Week 24 | 59% | -- | 31% | -- | 27 (19, 36) |
| PASI 75 response | | | | | |
| Week 16 | 58% | 13% | 35% | 46 (39, 53) | 23 (14, 32) |
| Week 24 | 69% | -- | 38% | -- | 31 (22, 40) |

PSO-2: Efficacy results

| Endpoint | Sotyktu | Placebo | Otezla | Difference, % (95% CI) | |
|---|---------|---------|--------|-------------------------|------------------------|
| | | | | Difference from placebo | Difference from Otezla |
| sPGA response of 0/1 (clear or almost clear) | | | | | |
| Week 16 | 50% | 9% | 34% | 41 (35, 46) | 16 (9, 23) |
| Week 24 | 49% | -- | 30% | -- | 20 (13, 27) |
| PASI 75 response | | | | | |
| Week 16 | 53% | 9% | 40% | 44 (38, 49) | 13 (6, 21) |
| Week 24 | 58% | -- | 38% | -- | 20 (13, 27) |

- Warnings and precautions for Sotyktu include hypersensitivity, infections, tuberculosis, malignancy including lymphomas, rhabdomyolysis and elevated creatine phosphokinase, laboratory abnormalities, immunizations, and potential risks related to JAK inhibition.
- The most common adverse reactions ($\geq 1\%$) with Sotyktu use were upper respiratory infections, increased blood creatine phosphokinase, herpes simplex, mouth ulcers, folliculitis, and acne.
- The recommended dosage of Sotyktu is 6 mg taken orally once daily, with or without food.
- Sotyktu will be priced at approximately [\\$75,000](#) per year.
- Bristol Myers Squibb plans to launch Sotyktu in September 2022. Sotyktu will be available as a 6 mg tablet.



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